

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State: ARKANSAS

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation  
42 CFR  
435.10 and  
Subpart J

2.1 Application, Determination of Eligibility and  
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of  
42 CFR Part 435, Subpart J for processing  
applications, determining eligibility, and furnishing  
Medicaid.

TN No. 91-56  
Supersedes 75-28  
TN No. 75-28

Approval Date DEC 30 1991

Effective Date OCT 01 1991

HCFA ID: 7982E

Number of the Superseded Plan  
Section or Attachment

Same, Approved 11-19-75, TN 75-28

STATE <u>Arkansas</u>	A
DATE REC'D <u>NOV 27 1991</u>	
DATE APPV'D <u>DEC 30 1991</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-56</u>	